

SRF Disbursement Request Form

Participant Information

Name:	City of West Lafayette	SRF Loan Number:	WW141079 07
DUNS Number:	04 455 2636	CCR Number:	6NKJ2
Mailing	711 West Navajo Street		
City:	West Lafayette	State:	IN
		ZIP	47906
Contact Person:	Judith C. Rhodes, Clerk-Treasurer	Contact Phone Number:	765-775-5150
Authorized Representative:	Mayor John R Dennis, or Cl-Tr J. Rhodes	Authorized Representative Phone Number:	765-775-5100
If requesting reimbursement to the Participant by wire transfer please provide the following information:			
Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Loan Information

Description of work for which claim is being made (services, fees, type of work, etc.):	Sheraton and Fairway Knolls Lift Station Improvements		
Is any part of this claim funded by an alternate funding source?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):			\$
Is any part of this claim funded by the Indiana Brownfields Program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the Participant paid the request and is now seeking reimbursement?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there Green Project Reserve components involved in this request?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please describe:			

Loan Financial Information

Original Loan Amount:		\$	2,610,000.00
Total Amount of Previous Disbursements:		\$	1,615,884.00
Balance Available After this Disbursement:		\$	957,702.00
Amount to Contractor for this Request:		\$	36,414.00
Is any part of this request a partial or final release of retainage to the contractor?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Contractor Name:	Vectren Utility Holdings, Inc.	DUNS Number:	
Mailing address:	PO Box 3701		
City:	Evansville	State:	IN
		ZIP Code:	47736-3701
Wiring Information:			
Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	
Retainage Amount for this Request:		\$	
Participant requests that the retainage amount be held by SRF:			<input type="checkbox"/>
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:			<input type="checkbox"/>
Participant requests that the retainage amount be sent to the following bank:			<input type="checkbox"/>
Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	
Total Amount of this Request:		\$	36,414.00
The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1).			
Authorized Representative		Date:	OCT 20 2015
For Internal Use Only:			
Approved By:		Date:	
		GPR	\$

Revised on July 1, 2014



WWTU
OCT 08 2015

Bill To:
CITY OF WEST LAFAYETTE
1101 KALBERER
WEST LAFAYETTE, IN 47906

Invoice Number 1000003725
Billing Date 28-Sep-2015
Work Order Number 12544191
Customer Number 026666666661018405

Terms 17 NET
Due Date 15-Oct-2015
Email Address dhenderson@wl.in.gov

Vectren Representative
Gerry Jones

Item	Description	Total Amount
1	WO# 12544191-IN-WEST LAFAYETTE-2801 NORTHWESTERN AVE UNIT LIFTST~NEWG	36,413.50
	Total	36,413.50
	Payments and Credits	0.00
	Financial Charges	0.00
	Outstanding Balance	36,413.50
	Due	15-Oct-2015

Special Instructions:

Please disregard this invoice if already paid.

For questions regarding this invoice, please call 1-800-227-1376/Option 6, Ask for the Vectren Representative stated above.

A 3% LATE FEE WILL BE CHARGED FOR ALL PAST DUE INVOICES.

PLEASE RETURN THIS PORTION WITH POSTAL PAYMENTS

Bill To:
CITY OF WEST LAFAYETTE
1101 KALBERER
WEST LAFAYETTE, IN 47906

Invoice Number 1000003725
Due Date 15-Oct-2015
Outstanding Balance 36,413.50

Remit To:
Vectren Utility Holdings, Inc.
PO BOX 3701
EVANSVILLE, IN 47736-3701